Senate

General Assembly

File No. 179

January Session, 2013

Substitute Senate Bill No. 169

Senate, March 27, 2013

The Committee on Children reported through SEN. BARTOLOMEO of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE MENTAL HEALTH NEEDS OF CHILDREN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 10-203a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) Not later than January 1, **[**2007**]** 2014, the Department of Education shall (1) develop guidelines for addressing the physical and mental health needs of students in a comprehensive manner that coordinates services, **[**including services provided by municipal parks and recreation departments,**]** and (2) make available to each local and regional board of education a copy of the guidelines. The department shall develop the guidelines after consultation with (A) the chairpersons and ranking members of **[**(i)**]** the joint standing **[**committee**]** committees of the General Assembly having cognizance of matters relating to education, **[**and (ii) the select committee of the General Assembly having cognizance of matters relating to children**]**

children and public health, (B) at least one state-wide nonprofit organization with expertise in child wellness or physical exercise, [and] (C) the Connecticut Recreation and Parks Association, (D) the members of the General Assembly who served as the chairpersons of the mental health services working group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety appointed on January 15, 2013, by the president pro tempore, majority leader and minority leader of the Senate and the speaker, majority leader and minority leader of the House of Representatives, and (E) the persons who served as members of the Sandy Hook Advisory Commission established by the Governor on January 3, 2013. The guidelines shall not be deemed to be regulations, as defined in section 4-166. Local and regional boards of education may establish and implement plans based on the guidelines in accordance with subsection (c) of this section.

(b) The guidelines shall include, but need not be limited to: (1) Plans for engaging students in daily physical exercise during regular school hours and strategies for engaging students in daily physical exercise before and after regular school hours in coordination with municipal parks and recreation departments, (2) plans for assessing student mental health needs and strategies for addressing those needs, (3) strategies for coordinating school-based health education, programs and services, [(3)] (4) procedures for assessing the need for community-based services such as services provided by school-based health clinics, municipal parks and recreation departments, family resource centers and after-school programs, and [(4)] (5) procedures for maximizing monetary and other resources from local, state, [and] federal and private sources to address the physical and mental health needs of students.

(c) Not later than April 1, [2007] 2014, each local and regional board of education may (1) establish a comprehensive and coordinated plan to address the physical and mental health needs of students, and (2) base its plan on the guidelines developed pursuant to subsection (a) of this section. The board may implement such plan for the [2007-2008] 2014-2015 school year and may have a plan in place for each school

year thereafter.

Sec. 2. (NEW) (*Effective October 1, 2013*) (a) There is established a community-wide public health collaborative pilot program focused on reducing the impact of mental or emotional trauma on children. The program shall be developed by the Department of Education, the members of the General Assembly who served as members of the mental health services working group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety, appointed on January 15, 2013, by the president pro tempore, majority leader and minority leader of the Senate and the speaker, majority leader and minority leader of the House of Representatives and the persons who served as members of the Sandy Hook Advisory Commission, established by the Governor on January 3, 2013, in conjunction with an advisory committee selected pursuant to subsection (c) of this section and comprised of (1) representatives of state agencies and departments, community organizations, private provider agencies operating programs that impact the well-being of children and child advocacy organizations, (2) parents, guardians or caretakers of children that have experienced mental or emotional trauma, (3) health care professionals that serve children and families, and (4) child care providers.

(b) The program shall: (1) Provide funding to (A) increase the availability of social, emotional, behavioral and mental health support in school-based health clinics, (B) expand the availability of social, emotional, behavioral and mental health support in the pilot communities by identifying a network of mental health care providers and physicians, (C) screen children from birth through grade twelve for evidence of mental or emotional trauma, and (D) coordinate community support initiatives and outreach for children from birth through grade twelve suffering from mental or emotional trauma; (2) ensure children receive the necessary emotional and mental health support they need for academic and life success; and (3) establish results-based accountability measures to track progress towards the goals and objectives outlined in the program, including, but not

limited to, (A) the number of substantiated reports of children from birth through grade twelve who are victims of abuse or neglect in the pilot communities, (B) the number of incidents of violence involving children from birth through grade twelve in the pilot communities, and (C) the level of academic achievement of children in kindergarten to grade twelve, inclusive, including, but not limited to, the grade distribution, number of disciplinary incidents reported and high school graduation rate in each pilot community.

(c) Not later than January 1, 2014, the chairpersons of the mental health services working group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety shall (1) appoint the members of the advisory committee described in subsection (a) of this section, and (2) identify three pilot communities of varying social and economic demographics in which to implement the program.

(d) Not later than January 1, 2015, and annually thereafter, each pilot community shall submit a report on the progress of the program, including the results-based accountability measures, to the Department of Education, the chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to education, children and public health, the members of the General Assembly who served as members of the mental health services working group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety and the persons who served as members of the Sandy Hook Advisory Commission, in accordance with the provisions of section 11-4a of the general statutes.

(e) Each pilot community may designate an intermediary organization to receive and distribute funding pursuant to this section. On or before August 1, 2014, each pilot community shall notify the Department of Education as to whether an intermediary, local board of education or municipality shall receive and distribute funding pursuant to this section.

Sec. 3. (NEW) (*Effective October 1, 2013*) The sum of six million dollars is appropriated to the Department of Education for the fiscal

year ending June 30, 2014, for purposes of section 2 of this act.

Sec. 4. (NEW) (*Effective October 1, 2013*) (a) The Commissioner of Children and Families, in cooperation with the Commissioner of Mental Health and Addiction Services shall, within available appropriations, develop and implement a plan to improve children's mental health. The plan shall include recommendations for short-term and long-term initiatives for providing comprehensive mental health assessments, early intervention and treatment services for children from birth through grade twelve.

(b) Such plan shall include recommendations to: (1) Coordinate provider services and interagency referral networks for children from birth through grade twelve to maximize resources and minimize duplication of services; (2) create guidelines, in cooperation with the Commissioner of Education, for incorporating social and emotional development standards into elementary and secondary school education programs; (3) appropriate funds for children's mental health assessments, early intervention and treatment services to state and local agencies; (4) improve state and local integration and coordination of federal, state and local funds for children's mental health care; (5) develop a qualified network of mental health care providers to recognize, diagnose and provide mental health care services to children from birth through grade twelve and the families of such children; (6) gather information on best practices and model programs and disseminate such information to individuals, state and local agencies, community-based organizations and other public and private organizations; (7) create a children's mental health care system, in coordination with a working group of representatives of state agencies and departments, community organizations, private provider agencies operating programs that impact the well-being of children and families, parents and other caretakers of children, child advocacy organizations and health care professionals; and (8) establish results-based accountability measures to track progress towards the goals and objectives outlined in the program.

(c) Not later than July 1, 2014, the Commissioner of Children and Families shall submit, in accordance with the provisions of section 11-4a of the general statutes, the plan to the General Assembly and the Governor. Not later than July 1, 2015, and annually thereafter, the Commissioner of Children and Families shall submit, in accordance with the provisions of section 11-4a of the general statutes, a progress report on the program and recommendations for revisions thereof.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2013*	10-203a
Sec. 2	*October 1, 2013*	New section
Sec. 3	*October 1, 2013*	New section
Sec. 4	*October 1, 2013*	New section

Statement of Legislative Commissioners:

In sections 1(a), 2(a) and 2(d), "the members of the General Assembly who served as" was added prior to "the chairpersons of the mental health services working group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety" and "the persons who served as members of" was added prior to "the Sandy Hook Advisory Commission" for accuracy; in section 2(a), "selected pursuant to subsection (c) of this section and" was added for clarity; in section 2(b), "community" was changed to "pilot communities" for clarity and consistency and "inclusive" was deleted for clarity; in section 2(c), "described in subsection (a) of section 2 of this act" was added for clarity; in section 2(d), "2014" was changed to "2015" for accuracy; in section 2(e), "including but not limited to, the United Way or Community Foundation" was deleted for statutory consistency; in section 4(a), (b) and (c), "program" was changed to "plan" for accuracy and consistency; in section 4(b) "include recommendations to" was added for clarity and statutory consistency; and technical revisions were made for clarity and consistency.

KID *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 14 $	FY 15 $
Education, Dept.	GF - Cost	6 million	6 million
Children & Families, Dept.	GF - Potential Cost	Significant	Significant
Various State Agencies	GF - Potential Cost	less than 1,000	None

Municipal Impact: None

Explanation

Summary

The bill establishes a community-wide public health collaborative pilot program to reduce the impact of mental or emotional trauma on children. The bill is anticipated to cost the State Department of Education (SDE) approximately $6 million per year (the bill appropriates $6 million in FY 14 for purposes of the pilot program.)

The bill further establishes an advisory committee to develop the pilot program by January 1, 2014. There may be a cost of less than $1,000 to agencies participating in the advisory committee to reimburse agency staff for mileage expenses.

Lastly, the bill specifies that the Department of Children and Families (DCF) develop and implement a plan to improve children's mental health within available appropriations. However, if the bill were to be implemented, the costs to DCF would be significant.

State Department of Education:

The pilot program will consist of three communities. It is anticipated that each community will be able to achieve the tasks contained within the bill for an additional cost to SDE of approximately $2 million per community. The costs are attributed to:

1. Additional mental health professional staff: $700,000,
2. Development and implementation of training: $525,000,
3. Expansion of community support: $25,000,
4. Screening of children for evidence of trauma: $300,000,
5. Coordination of community outreach and support: $70,000 and
6. Support for academic and life success and increased funding to existing programs and activities: $380,000.

The pilot communities have the option to designate an intermediary organization to receive and distribute the funding under the bill. The designated intermediary could be a local or regional board of education or a municipality.

Department of Children and Families:

The bill specifies that the Department of Children and Families (DCF) develop and implement a plan to improve children's mental health within available appropriations. However, if the bill were to be implemented, the costs to DCF would be significant. The plan that DCF is tasked with developing and implementing includes eight components, including the establishment of a qualified network of mental health care providers to recognize, diagnose and provide mental health services to children from birth through grade 12 and the families of such children. It is unknown what the components of this plan will be and hence what the ultimate cost to the DCF will be to implement it, but using the cost of behavioral health care coordination services provided to foster care children as a proxy for the cost of mental health case management, the average cost per child or per

family is $7,300. Assuming the plan includes mental health screening of children as part of required school health assessments (required upon enrollment to a school district, in grades 6 or 7 and in 9 or 10) the cost for care coordination alone, should 2% of these 125,952 children[1] prove to need care coordination services, would be $18.4 million. Care coordination costs are in addition to the costs of mental health services that will be provided. It is unknown what the cost of mental health services would be. In FY 12, DCF expended $110.5 million on mental health services, $2.6 million on substance abuse services and $89.4 million on combined mental health and substance abuse services.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Sources: Connecticut Department of Education

[1] The 2010 - 2011 number of kindergarten children (used to approximate the number of pre-kindergarten children) was 39,695, the average number of students in grades 6 and 7 was 42,099 and the average number of students in grades 9 and 10 was 44,158 for a total of 125,952 students.

OLR Bill Analysis

sSB 169

AN ACT CONCERNING THE MENTAL HEALTH NEEDS OF CHILDREN.

SUMMARY:

This bill establishes a community-wide public health collaborative pilot program to reduce the impact of mental or emotional trauma on children. By January 1, 2014, the members of the General Assembly who served as chairpersons of the mental health services working group of the Bipartisan Task Force on Gun Violence and Children's Safety must designate three communities of varying social and economic demographics where the pilot will operate. The bill appropriates $6 million to the State Department of Education (SDE) for FY 14 to carry out the pilot.

The bill requires each pilot community to submit progress reports by January 1, 2015 and annually thereafter.

The bill also requires the Department of Children and Families (DCF), the state's lead agency for children's mental health, within available appropriations and in cooperation with the Department of Mental Health and Addiction Services (DMHAS) commissioner, to develop a program to improve children's mental health. A first report on its implementation is due by July 1, 2015.

Lastly, the bill requires the SDE to revise its guidelines for addressing the physical health needs of students to include their mental health needs. And it provides that if local school districts adopt their own plans for addressing students' physical health needs, they may include the students' mental health needs as well.

EFFECTIVE DATE: October 1, 2013

PUBLIC HEALTH COLLABORATIVE PILOT PROGRAM

Who Develops

The bill requires the SDE, legislators who served as members of the mental health services working group of the Bipartisan Task Force on Gun Violence and Children's Safety, and members of the Sandy Hook Advisory Commission to work in conjunction with an advisory committee to develop this program. The above-mentioned legislators must appoint the committee members. The committee consists of:

1. representatives of state agencies, community organizations, private provider agencies that affect children's well-being, and child advocacy organizations;

2. parents, guardians, or caretakers of children who have experienced mental or emotional trauma;

3. health care professionals; and

4. child care providers.

Program Components

The pilot program must provide funding to:

1. increase the availability of social, emotional, behavioral, and mental health support in school-based health clinics;

2. expand the availability of social, emotional, behavioral, and mental health support in the community by identifying a network of mental health care providers and physicians;

3. screen children from birth through grade 12 for evidence of mental or emotional trauma; and

4. coordinate community support initiatives and outreach for children in this age range suffering from mental or emotional trauma.

The pilot program must also (1) ensure that children receive the

necessary emotional and mental health support they need for academic and life success and (2) establish results-based accountability (RBA) measures to track its success. For each of the three pilot communities, these measures must assess, at a minimum, the:

1. number of substantiated reports of children from birth through grade 12 who are victims of abuse or neglect;

2. number of incidents of violence involving children in this age range; and

3. academic achievement of children in grades kindergarten through 12, including grade distribution, number of disciplinary incidents reported, and high school graduation rates.

Appointment of Intermediary Organization to Receive and Distribute Funds

The bill allows pilot communities to designate an intermediary organization to receive and distribute funding under the bill. Each community must notify the SDE of its decision to have an intermediary, a local board of education, or the municipality receive and distribute funding by August 1, 2014.

Report

The bill requires each pilot community, beginning January 1, 2015, to annually report on its program's progress, including the RBA measures, to the SDE; the chairpersons and ranking members of the Education, Children's, and Public Health committees; the legislators who served on the mental health services working group of the Bipartisan Task Force on Gun Violence and Children's Safety; and the members of the Sandy Hook Advisory Commission.

DCF PROGRAM TO IMPROVE CHILDREN'S MENTAL HEALTH

Within available appropriations, the bill requires the DCF commissioner, in cooperation with the DMHAS commissioner, to develop and implement a plan to improve the mental health of the state's children. The plan must recommend short– and long-term

initiatives for providing comprehensive mental health assessments, early intervention, and treatment services for children from birth through grade 12.

The plan must:

1. coordinate provider services and interagency referral networks for such children to maximize resources and minimize service duplication;

2. create guidelines, in cooperation with the SDE commissioner, to incorporate social and emotional development "standards" into elementary and secondary school education programs;

3. recommend appropriations to state and local agencies for children's mental health assessments, early intervention, and treatment;

4. make recommendations for state and local integration and coordination of federal, state, and local funding for children's mental health care;

5. suggest ways for developing a qualified network of mental health care providers to recognize, diagnose, and provide mental health services to the target population and their families;

6. gather information on best practices and model programs and disseminate it to individuals, state and local agencies, community-based organizations, and other public and private organizations;

7. create a children's mental health care system, in coordination with representatives of (a) state agencies, (b) community organizations, (c) private provider agencies operating programs that affect the well-being of children and their families, (d) parents and other child caretakers, (e) child advocacy organizations, and (f) health care professionals; and

8. establish RBA measures to track progress towards meeting the program's goals and objectives.

Reports

The bill requires the DCF commissioner, by July 1, 2014, to submit the plan to the governor and General Assembly. By July 1, 2015 and annually thereafter, she must submit a progress report and any recommendations to revise the program.

GUIDELINES AND PLANS FOR CHILDREN'S PHYSICAL AND MENTAL HEALTH

The law directed SDE, by January 1, 2007, to develop guidelines for addressing the physical health needs of students in a comprehensive way that coordinated services, including those provided by local parks and recreation departments. These guidelines were to be shared with local and regional school boards. And the department was to consult with certain entities, as well as the Education Committee and Select Committee on Children.

The bill requires that these guidelines be updated by January 1, 2014 to also address mental health needs of students. It requires the Public Health Committee to consult on their development, and for SDE to also consult with (1) the legislators who served as chairpersons of the mental health services working group Bipartisan Task Force on Gun Violence Prevention and Children's Safety and (2) persons who served on the Sandy Hook Advisory Commission.

The bill requires the guidelines to also include (1) plans for assessing student mental health, as well as physical health needs and strategies for addressing these needs and (2) procedures for maximizing private, as well as public funding sources for addressing these needs. It eliminates the requirement that the guidelines include municipal park and recreation department services as part of the coordinated services for addressing students' physical health needs. However, it retains a requirement under existing law for the SDE to consult with the Connecticut Recreation and Parks Association when developing the guidelines.

By law, local and regional school boards may establish comprehensive and coordinated plans to address students' physical health needs. The bill allows the plan to also address student mental health needs. And it permits any revised plan to be implemented in the 2014-15 school year and kept in place for each subsequent school year.

BACKGROUND

Related Bill

SB 972, reported favorably by the Children's Committee, requires DCF to consult with several agencies, health experts, and others to develop and implement a youth mental health care system.

COMMITTEE ACTION

Children Committee

Joint Favorable Substitute
Yea 8 Nay 4 (03/12/2013)